

# Armed Forces College of Medicine AFCM



# Tumors of The Nervous System 2 By Dr Noha El Anwar



#### INTENDED LEARNING OBJECTIVES (ILO)



## By the end of this lesson the student will be able to:

- 1-Discuss Cerebellar tumors
- 2- Describe pathological changes of Medulloblastoma.
- 3- Identify cerebral lymphoma and metastatic tumours.
- 4- Distinguish the Pathological Features Of Meningioma, Schwannoma, and Neurofibroma.
- 5- Analyse given data to diagnose pathological conditions of tumors of the nervous system based on given clinical, radiologic data and/or laboratory findings

#### **Cerebellar tumors**



- 1. Pilocytic astrocytoma (Discussed)
- 2.Medulloblastoma
- 3.Hemangioblastoma

#### Medulloblastoma



### Tissue of origin: neuroepithelial stem cells

- Primitive Tumor *in* young child.
- It is a highly malignant (WHO grade IV) [] rapidly growing tumor that <u>exclusively</u> occurs in the <u>cerebellum</u> of <u>children</u> or less commonly adults.
- The tumor arises at the **midline**, but may rarely occur in one of the cerebellar hemispheres.

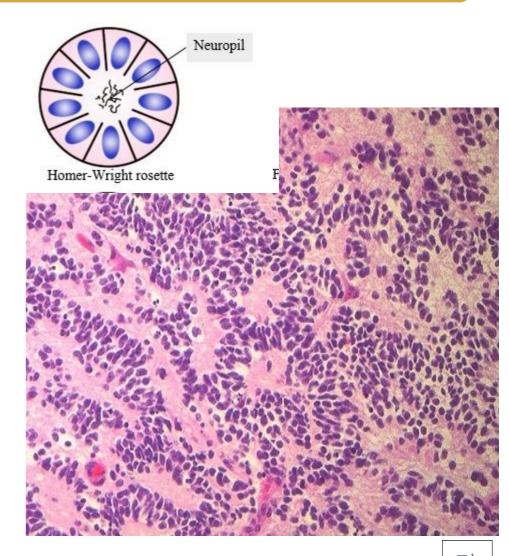
Neuroscience Module

#### Medulloblastoma



### Microscopically:

- The tumor consists of **primitive small oval** cells with dark nuclei and little cytoplasm.
- The cells forming Homer Wright rosettes characterized by tumor cells surrounding central neuropil (delicate pink material formed by neuronal processes).
- Necrosis and mitotic figures are frequent.



# Hemangioblastoma



#### Occurs commonly in the cerebellum,

less commonly in spinal cord and brain

stem

**Gross:** Cyst with mural nodule pattern Microscopically:

Vascular neoplasm formed of capillary sized vessels separated by stromal cells with lipid rich vacuolated cytoplasm

**Prognosis:** The outcome for

hemangioblastoma is very good, if surgical extraction of the tumor can be achieved temangioblastoma\_Histology\_HE.jpg/800px-

Hemangioblastoma\_Histology\_HE.jpg

#### **Metastatic tumours**



About 25–50% of all CNS tumours are metastatic tumours from outside the CNS.

Carcinomas are the most common.

They may be derived from:

- 1) Carcinomas: (e.g bronchogenic, renal, and mammary carcinoma).
- 2) Sarcomas
- 3) Others
- -Melanoma
- -Lymphomas or leukemia



# Other CNS Neoplasms



# Lymphomas:

- They are the most common CNS tumours in the immunosuppressed.
- Primary CNS lymphomas may be multiple, unlike other histologic types.
- They do not respond well to chemotherapy.

# Meningeal tumors (Meningioma)



**<u>Definition</u>**: It is a relatively common tumor arising from **dura** or **leptomeninges**.

Most examples occur in adults females.

# **Grading and types:**

- Most cases are benign (WHO grade I)□
- -Atypical (WHO grade II)
- -Anaplastic ( WHO grade III)



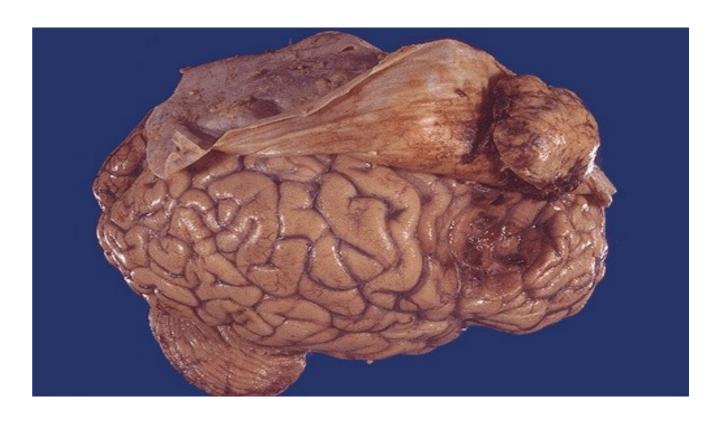
# **Meningioma**



**Gross:** Most types of meningioma form a globular capsulated firm greyish mass.

The cut surface show whorly appearance and calcific foci.

The tumor may compress the brain or spinal cord.



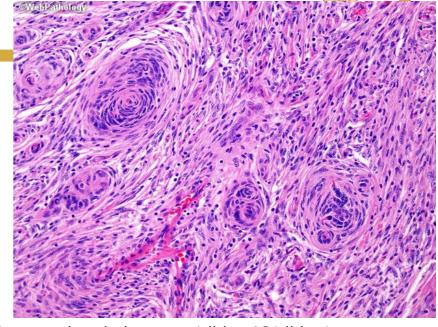
https://library.med.utah.edu/WebPath/jpeg5/CNS116.jpg



# Meningioma

# **Microscopically**:

- The tumor consists of concentric whorls of proliferated meningothelial cells (oval cells with indistinct cell borders, pale cytoplasm & regular round nuclei).
- Cell whorls are separated by fibrovascular stroma.





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# Peripheral Nerve Sheath tumors



They arise from peripheral nerves (cranial or spinal nerves) including the nerve roots.

- 1. Schwannoma.
- 2. Neurofibroma.
- 3. Neurofibromatosis.
- 4. Malignant peripheral sheath tumor.



# **SCHWANNOMA (NEURILEMMOMA)-1**



•A benign tumor arising from **Schwann (neurilemma)** cells of the peripheral (cranial or spinal) nerves.

#### **Gross:**

- •A firm greyish capsulated mass at one side of the nerve.
- The 8th cranial (acoustic) nerve is one of the famous sites of schwannoma that present with unexplained progressive unilateral hearing loss.
- A tumor in this site (cerebellopontine angle) leads to compression of midbrain and cerebellum.

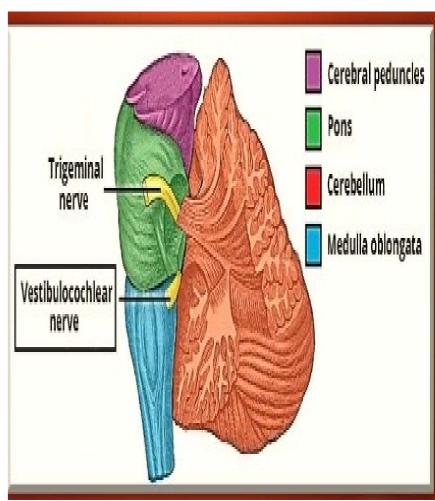
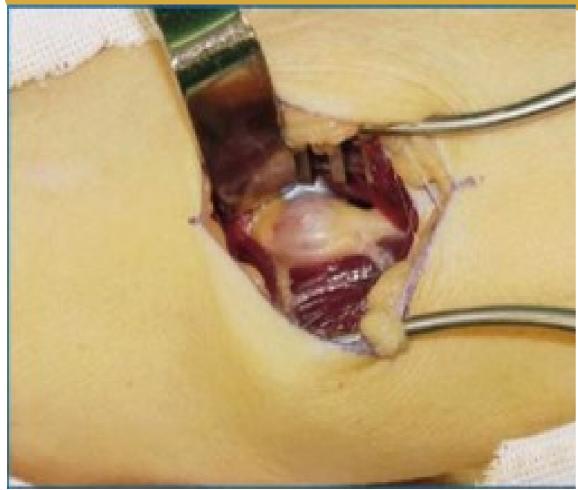


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# **SCHWANNOMA (NEURILEMMOMA)-1**





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# SCHWANNOMA (NEURILEMMOMA)-1

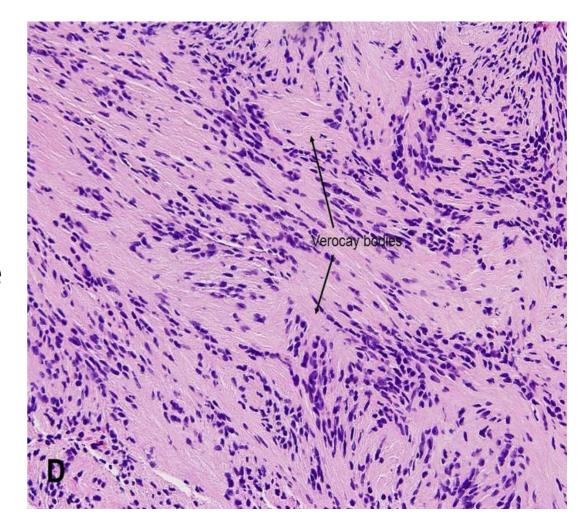


**Microscopically:** The proliferating

Schwann cells have one or both of two patterns:

a)Antoni type A: formed of elongated cells arranged in bundles with nuclear palisading (the nuclei are arranged side by side in each bundle) the cytoplasmic nuclear free zones are called "verrocay bodies".

b)Antoni type B: Formed of less



http://www.auanet.org/images/education/pathology/retroperitoneum/schwannoma

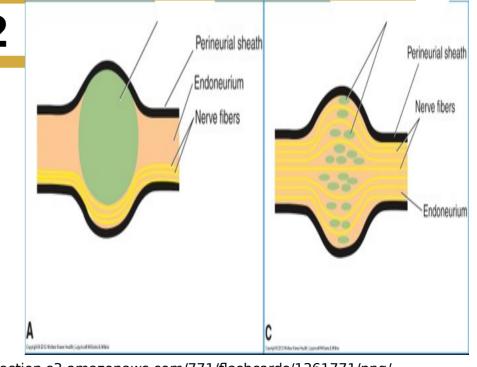
#### **Neurofibroma-2**

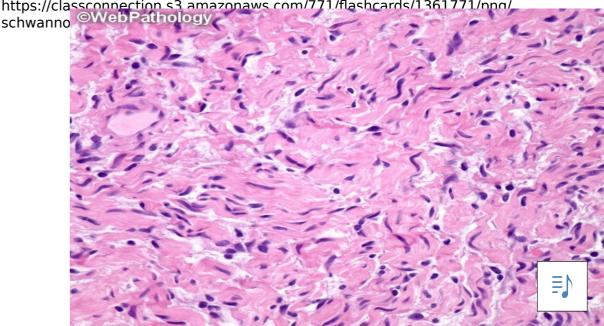
It is a benign nerve sheath tumour of the peripheral nerves

Grossly appears as a rubbery expansion of the affected nerve, not demarcated from the nerve

Microscopically, composed of fibrous tissue intermingled with Schwann cells and nerve fibrils

Neurofibroma has a significant risk of malignant





#### Neurofibromatosis

(Von Recklinghausen's disease of nerves)

It is a familial disease (autosomal dominant inheritance) of two types:

Type I (NFI): is characterized by:

- -Multiple neurofibromas; mainly cutaneous.
- -Cafe au lait spots (hyperpigmented skin macules).

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New Five Year Program Eva lesions: a)Ontic nerve aliamas



Neurofibromatosis Ty Axillary, inquinal freckling Neurofibroma: Eye: lisch nodules Café au lait spots

> **Optic Nerve** Optic Glioma

#### **Neurofibromatosis**



Type II (NF2): It resembles type I without eye affection

# 4-Malignant Peripheral Nerve Sheath Tumor

- Occurs de novo or
- Complicates neurofibromatosis

# Quiz

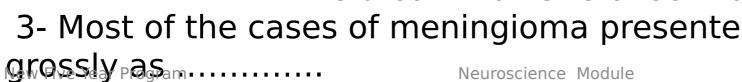


# 1- which of the following is micoscopic finding in meningioma:

- a) Pseudorosette
- b) Hommer Wright Rosette
- c) Verrocay bodies
- d) Psammoma bodies

#### **Complete:**

- 2- ..... is a common site of schwannoma
- 3- Most of the cases of meningioma presented





#### References



- 1. Kumar, Vinay, and Abbas, Abul K, and Aster: Robbins Basic Pathology, 10th )ed. (2018) Pages 880-887.
- 2. Mohan H., Mohan P., Mohan T & mohan S. (Eds.). (2015)

  Text book of pathology 7 th edition

